Original application received at:

Email ☐ In Person ☐

2027 Financial Access to CV Recreation Services

Please check off which program(s) you are applying for (flip the page for individual program details):

	LEAP - Leisure for Everyone Accessibility Program Available to residents of Courtenay, Comox, Cumberland and/or residents of Areas A, B, C of the Comox Valley Regional District
	RAP - Recreation Access Program City of Courtenay residents only
	TRIP - Inclusion Program Town of Comox residents only
	FAIR - Financial Assistance In Recreation Program Village of Cumberland residents only

Please list the names of all family members residing in your household that require financial assistance for recreation.

NAMES (First & Last)	**AGE**	**BIRTH DATE** (i.e. Jan. 7, 2022)	**FOR OFFICE USE ONLY** **BCID/BC SERVICES CARD CONFIRMED**
Primary Account Holder **1.**			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

ADDRESS	
CITY/TOWN	**POSTAL CODE**
PHONE	**EMAIL**

You are eligible to receive discounts when your **combined gross family income** is below the following after taxes (net income):

Statistics Canada Low Income Measure (LIM)							
# in Household	1	2	3	4	5	6	7 & over
Income Under	$31, 317	$44,289	$54,243	$62,634	$70,028	$76,713	$82,578

DECLARATION/CONSENT/SIGNATURE OF PRIMARY ACCOUNT HOLDER

I declare that my combined family income (includes my income and spouse or common-law partner, if applicable) currently is estimated per year at $_____. If requested, I agree to meet with a representative of the CVRD, City of Courtenay, Town of Comox or Village of Cumberland and will at that time disclose financial information based on my Notice of Assessment from the previous year. I also give the above organizations permission to share the information on this form with each other in order to be eligible for LEAP/RAP/TRIP.

I verify all of the information I have provided on this form is accurate and true:

_____ _____

Signature of Primary Account Holder Date

Program Details & Administration Information

CHECKLIST – Applicants **MUST** bring the following (or an adjudicator will be required):	**FOR OFFICE USE ONLY**
Completed Application	
Proof of **COMOX VALLEY** Residency *(Rent receipt or utility bill in the name of the applicant)*	
BC ID or BC Services Cards for Each Family Member	

APPLICATION PROCESS

Applications may be processed at:

1) City of Courtenay Florence Filberg Centre - 411 Anderton Ave., Courtenay
2) City of Courtenay Lewis Centre - 489 Old Island Hwy., Courtenay
3) CVRD Aquatic Centre – 377 Lerwick Rd., Courtenay
4) CVRD Sports Centre – 3001 Vanier Drive, Courtenay
5) Town of Comox Community Centre – 1855 Noel Ave., Comox
6) Village of Cumberland Recreation Centre – 2665 Dunsmuir Ave., Cumberland

You may bring your completed application, with supporting documentation, anytime during operating hours to one of the above recreation facilities. A customer service representative will verify your information and then process your application. You will be contacted via phone or email when your recreation cards are ready for pick up (from the same facility that you dropped your application off). To activate your membership at the other organizations please present your ID and obtain your additional recreation cards (your application will be on file with each agency). As soon as you have your cards you can start using your discounts at any of the recreation facilities listed above. Please note each family member will need to be onsite to get their picture at each of the organizations they wish to have a recreation card and they will need to bring their ID the first time.

LEAP BENEFITS FOR ALL ELIGIBLE APPLICANTS

LEAP has been designed to provide healthy lifestyle opportunities to residents of the Comox Valley who face financial challenges.

1) 52 free admissions per calendar year for each family member to drop-in programs/services/activities at each organization (CVRD, City of Courtenay, Town of Comox and Village of Cumberland). This means each family member can have up to 208 free drop-ins per year.
2) $350 subsidy per family member that can be used towards the cost of registered CVRD recreation programs at the CVRD Sports and Aquatic Centers.

ADDITIONAL COMMUNITY SPECIFIC BENEFITS – Town of Comox Residents TRIP Program & City of Courtenay Residents RAP Program

1) Town of Comox (TRIP Program) – Comox Residents receive $425 per year towards 50% discount on non-contract programs and Fitness Studio memberships.
2) City of Courtenay (RAP Program) – Courtenay Residents receive the following: Adults: 50% up to the annual amount of $350, Youth: 75% up to the annual amount of $400, Children: 75% up to the annual amount of $450.
3) Village of Cumberland (FAIR Program) – Cumberland Residents receive $350 per year towards 50% discount on registered programs.

ADJUDICATOR INFORMATION (if required)

If you are unable to provide proof of income or residency, we will accept your application if signed by a recognized adjudicator. This can include a professional in social work or family services, a school principal or counsellor, a senior recreation administrator, a healthcare professional, a spiritual leader, a lawyer or notary public, a housing assistant or support advocate.

The individual endorsing this form below should be familiar with the applicant's financial situation as their signature verifies the financial need of the family/individual. All other required information is to be filled out on this application before submission – and the applicant must sign below to ensure they are aware the LEAP benefits have been applied for.

Name:_____ Organization:_____ Position:_____

I have thoroughly read and understand the guidelines of the LEAP?RAP?TRIP Programs and agree that the household income of this applicant is such that they require financial assistance in order to access recreation opportunities and that they live in the Comox Valley. If required I agree to participate in a brief telephone follow-up interview for verification. I can be reached at the following number at the following time(s).

Phone:_____ Good time to call:_____

_____	_____	_____	_____
Signature of Adjudicator	Signature of Applicant	Date	Official Stamp

OFFICE USE ONLY

Processed by: _____ *Date:* _____